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	TRADENE	Cris E. Johnson	(Depositor's na
		Cho C Lonson	(Signat
		7/27/2005	(D

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/593,289	06/13/2000	Paul E. Bender		r	PA000322	7796		
TITLE OF INVENTION: METHOD AND APPARATUS FOR FORWARDING MESSAGES AMONG MULTIPLE RADIO NETWORKS								
f.;								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$0	\$1400	07/27/2005		
EXAMINER		ART UN	TT .	CLASS-SUBCLASS	· ·			
NGUYEN, STEVEN H D		2665	2665 370-342000		_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Philip Wadsworth 2 Sandra L. Godsey 3 Thomas R. Rouse					
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) QUALCOMM Incorporated San Diego, 08/43/2005 SSESHE2 00000029 170026 09593289 Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
- the state of the			A check in the amount of the fee(s) is enclosed.					
			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 17-0026 (enclose an extra copy of this form).					
5 Change in Entity Status	(from status indicated above	.)						

hange in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

7/27/2005 Registration No.

Sandra L. Typed or printed name

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